

I, _____ am the _____ of _____
Name of Next of Kin **Relationship to Decedent**

_____, I do hereby declare that as the legal next of kin

Name of Decedent

of the decedent, I am unable to assume financial responsibility for funeral arrangements. I understand that Miami-Dade County reserves the right to fully investigate all claims of indigency and will diligently seek reimbursement of all funds provided for the final disposition of the above stated decedent.

Print Name

Signature

Address: _____ City/State/Zip _____

Telephone: (Day) _____
(Eve) _____